

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/28/2005

2 Serial/Patent # 10/521 018

3 Please refund the following fee(s):

4 PAPER
NUMBER

5 DATE
FILED

6 AMOUNT



Filing

\$ 100.

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT
OF REFUND

\$ 100

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/C #:

9 13--3402

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

Rule change - 08 Dec 2004

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

SIGNATURE: Terry M. Johnson

OFFICE: DDO/ED

TITLE: Supervisor

PHONE: 703-308-9140

X221

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____

DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: